| Fill in                     | n this information to identify your case:  |  | Ch                                    | neck one bo                   | x only as o             | directed in this form and   | I in Form                       |
|-----------------------------|--|--|---------------------------------------|-------------------------------|-------------------------|---|---------------------------------|
| Debt                        | or 1 Karen Lawson  |  |                                       | 2A-1Supp:                     |                         |   |                                 |
| Debt<br>(Spou               | or 2<br>se, if filing)   |  |                                       | ■ 1. There                    | is no pres              | sumption of abuse   |                                 |
| Unite                       | ed States Bankruptcy Court for the: Eastern District of  | Tennessee  |                                       | appli                         | es will be r            | to determine if a presur<br>made under <i>Chapter 7 i</i><br>ficial Form 122A-2). |                                 |
| Case<br>(if kno             | e number   |  |                                       | _                             | `                       | ,   |                                 |
|                             | ,<br>  |  |                                       |                               |                         | t does not apply now be<br>y service but it could ap                              |                                 |
|                             |  |  |                                       | ☐ Check                       | if this is a            | n amended filing  |                                 |
|                             | <u>icial Form 122A - 1</u>   |  |                                       |                               |                         |   |                                 |
| Ch                          | apter 7 Statement of Your Cur  | rent Mo  | nthly Inc                             | ome                           |                         |   | 12/1                            |
| attach<br>case r<br>qualify | complete and accurate as possible. If two married people an a separate sheet to this form. Include the line number to whomber (if known). If you believe that you are exempted from ying military service, complete and file Statement of Exempted:  Calculate Your Current Monthly Income  What is your marital and filing status? Check one on | hich the addition a presumption tion from Presum | nal information of abuse becau        | applies. On t<br>use you do n | he top of a ot have pri | ny additional pages, writ<br>marily consumer debts o                              | e your name and<br>r because of |
|                             | ■ Not married. Fill out Column A, lines 2-11.  |  |                                       |                               |                         |   |                                 |
|                             | $\hfill\square$<br>Married and your spouse is filing with you. Fill ou   | t both Columns                                   | A and B, lines                        | 2-11.                         |                         |   |                                 |
|                             | $\square$ Married and your spouse is NOT filing with you.  | ou and your                                      | spouse are:                           |                               |                         |   |                                 |
|                             | ☐ Living in the same household and are not legal   | •  |                                       |                               | ,                       |   |                                 |
|                             | ☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are let living apart for reasons that do not include evading   | gally separate                                   | d under nonbar                        | nkruptcy law                  | ı that appli            | es or that you and your   |                                 |
| 10<br>the                   | Il in the average monthly income that you received from all s<br>1(10A). For example, if you are filing on September 15, the 6-m<br>e 6 months, add the income for all 6 months and divide the total<br>ouses own the same rental property, put the income from that pr  | onth period would<br>by 6. Fill in the re        | be March 1 thro<br>sult. Do not inclu | ugh August 3<br>de any incom  | 1. If the ame           | ount of your monthly incom<br>nore than once. For examp                           | ne varied during<br>le, if both |
|                             |  |  |                                       | Column A Debtor 1             |                         | Column B Debtor 2 or non-filing spouse  |                                 |
|                             | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).  |  |                                       | \$                            | 0.00                    | \$  |                                 |
| 3.                          | <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.   | payments from                                    | a spouse if                           | \$                            | 0.00                    | \$  |                                 |
|                             | All amounts from any source which are regularly pa<br>of you or your dependents, including child support.<br>from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a sp<br>filled in. Do not include payments you listed on line 3.  | Include regula<br>, your depende                 | r contributions<br>nts, parents,      | \$                            | 0.00                    | \$  |                                 |
| 1                           | Net income from operating a business, profession,  |  |                                       |                               |                         |   |                                 |
|                             |  |  | otor 1                                |                               |                         |   |                                 |
| 1                           | Gross receipts (before all deductions)   | \$ 0.00<br>-\$ 0.00                              |                                       |                               |                         |   |                                 |
| 1                           | Ordinary and necessary operating expenses  Net monthly income from a business, profession, or farm   | 0.00   | Copy here ->                          | · \$                          | 0.00                    | \$  |                                 |
| I                           | Net income from rental and other real property   |  |                                       | <b>,</b>                      |                         | `   |                                 |
| .                           | and other property   | Del  | otor 1                                |                               |                         |   |                                 |
|                             | Gross receipts (before all deductions)   | \$ 0.00  |                                       |                               |                         |   |                                 |
|                             | Ordinary and necessary operating expenses  | -\$ 0.00   |                                       |                               |                         |   |                                 |
|                             | Net monthly income from rental or other real property  | \$0.00   | Copy here ->                          | •\$                           | 0.00                    | \$  |                                 |
| -                           | Interest dividends and revaltics   |  |                                       | \$                            | 0.00                    | \$  |                                 |

7. Interest, dividends, and royalties

Case 3:24-bk-31047-SHB Doc 3 Filed 06/19/24 Entered 06/19/24 11:12:36 Desc Main Document Page 2 of 3

Karen Lawson Debtor 1 Case number (if known) Column A Column R Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$ For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 0.00 0.00 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 0.00 Multiply by 12 (the number of months in a year) **x** 12 0.00 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. TN 1 Fill in the number of people in your household. 59,052.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Karen Lawson Karen Lawson Signature of Debtor 1

## 

| Debtor 1 | Karen Lawson   | Case number (if known) |  |
|----------|--|------------------------|--|
| Da       | ate June 19, 2024<br>MM / DD / YYYY                                      |                        |  |
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.            |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form | ı.                     |  |